

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4		/					54	/					
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16		/					66	/					
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41		/					91						
42		/					92						
43	/						93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48	/						98						
49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.	6					
TOTAL DEP.							TOTAL DEP.	60					
TOTAL CLAIMS							TOTAL CLAIMS	66					